

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm. Castiel*  
Died at *near Oakland* Town *Oakland* County *Garrett*  
Date of death 190 *5* Month *Dec* Day *11* Age *54* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Ind*  
Married, Single or Widowed *Married* Occupation *Farmer*  
Name of Wife or Husband *Brant-deceased - Theresa Bowser*  
Father's Name *Nathaniel Castiel* Father's Birthplace *England*  
Mother's Maiden Name *Mrs. Mullen* Mother's Birthplace *Ind*  
Name of person giving information *Thos. Gauder* How related to deceased *Grandson*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER*Immediate*  
*Pneumonia (Chronic)*  
*Premory Siccity - Exhaustion*  
*Immediate*

How long

How long

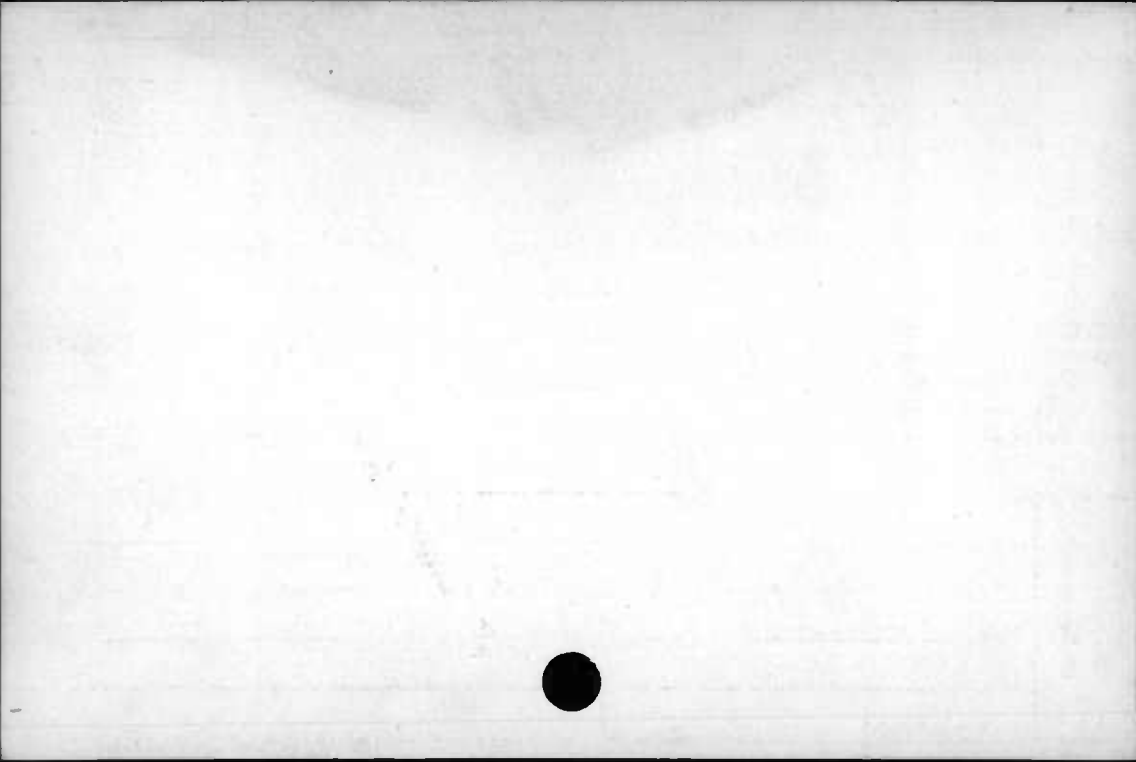
*20 years**5 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

# CERTIFICATE OF DEATH

County Sarcel

## MARYLAND

Day	Years
32	38

Months	Days
--------	------

Color or Race *White*

Birth-  
place *md*

Married, Single  
or Widowed Single

Occupation None

Name of Wife or  
Husband

Father's Name Carl Des Jerns

Father's Birthplace *Wva*


Mother's  
Maiden Name Jane Fredrick

Mother's Birthplace *Ind*

Name of person giving information *Indran*

How related  
to deceased *None*

### CAUSES OF DEATH

Primary *Mitral Regurgitation* 

How long *Several years*  
How long

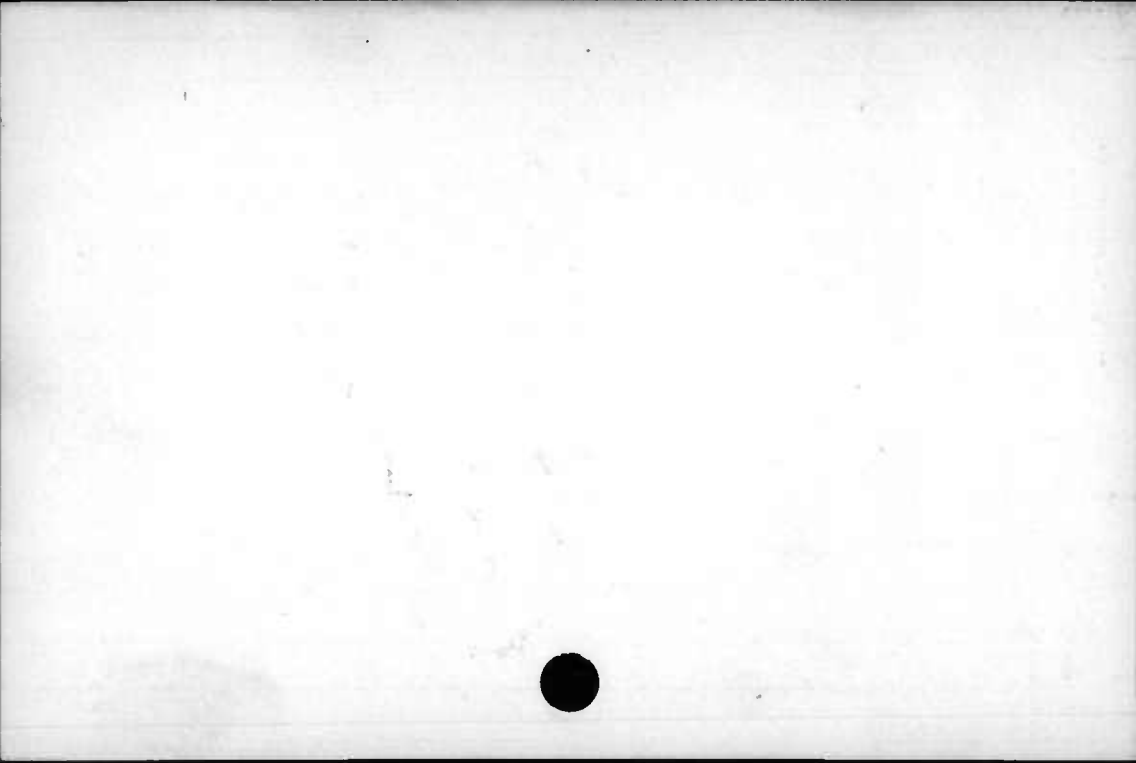
Immediate

Are the name, age, sex, color, date  
and place correctly given above?

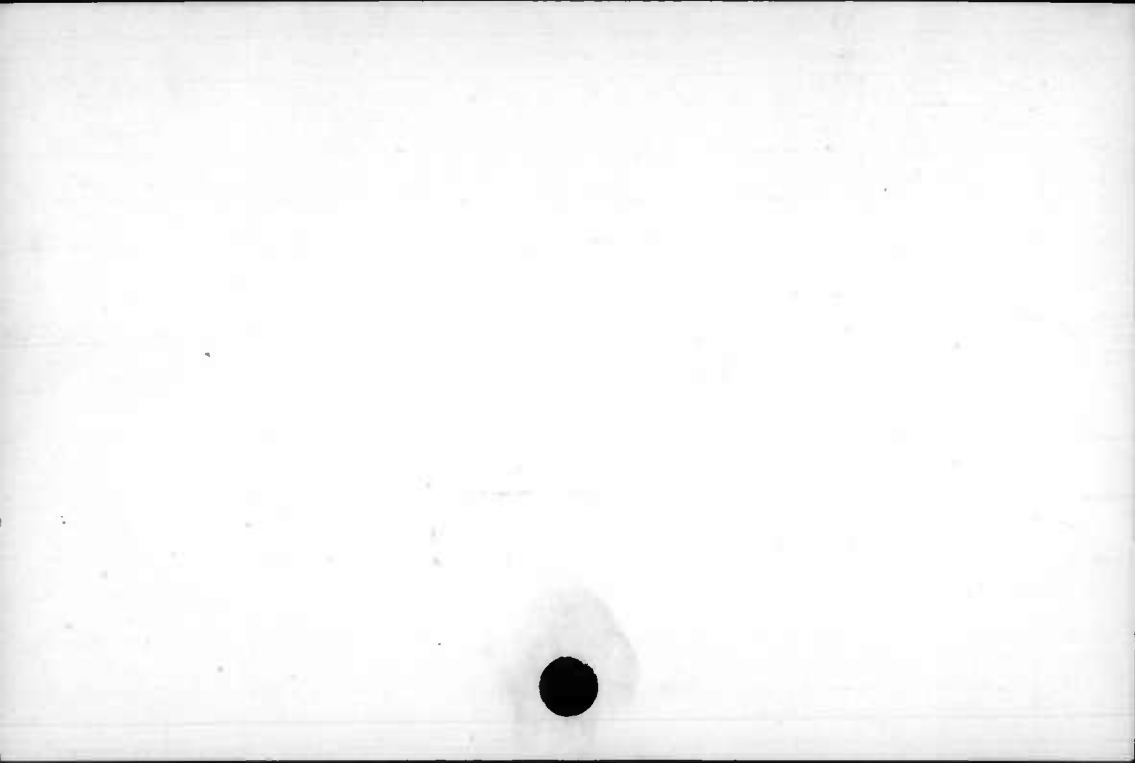
Signature of Physician 

Address Walesburg  
Md

## Accident or Suicide?



Name in Full		Certificate of Death			
Cornelius Johnson		Town		County	
Died at Near Swallow Falls		Janett		MARYLAND	
Date of death		Month	Day	Years	Months
1905		12	5	Age 66	3
Sex		Color or Race		Birth-place	
Male		White		Langston Md.	
Occupation		Where Residing if not at place of death			
Farmer		✓			
Married, Single or Widowed		Name of Wife or Husband			
Married		Catherine Johnson			
Father's Name		Father's Birthplace			
William Johnson		Perma			
Mother's Maiden Name		Mother's Birthplace			
Elizabeth Jones		Perma			
Name of person giving information		How related to deceased			
Catherine Johnson		Daughter			
CAUSES OF DEATH					
Primary		How long			
Paresis		About 16 mos			
Immediate		How long			
Osthemia		Short time			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Leeds			
		Langston Md.			
Accident or Suicide?					



Name

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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs Eliz McRoberts* Town *Deer Park* County *Isarrt* MARYLAND

Died at *Deer Park*

Date of death 1905' *Dec* Month *5* Day *84* Age *84* Years Months Days

Sex *Female* Color or Race *White* Birth-place *W Va*

Occupation *House Wife* Where Residing if not at place of death *her Deer Park*

~~Married, Single or Widowed~~ Name of Wife or Husband *Andrew McRoberts*

Father's Name *Francis Murphy* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *George Kerris* How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Mrs Annie Miller

## CERTIFICATE OF DEATH

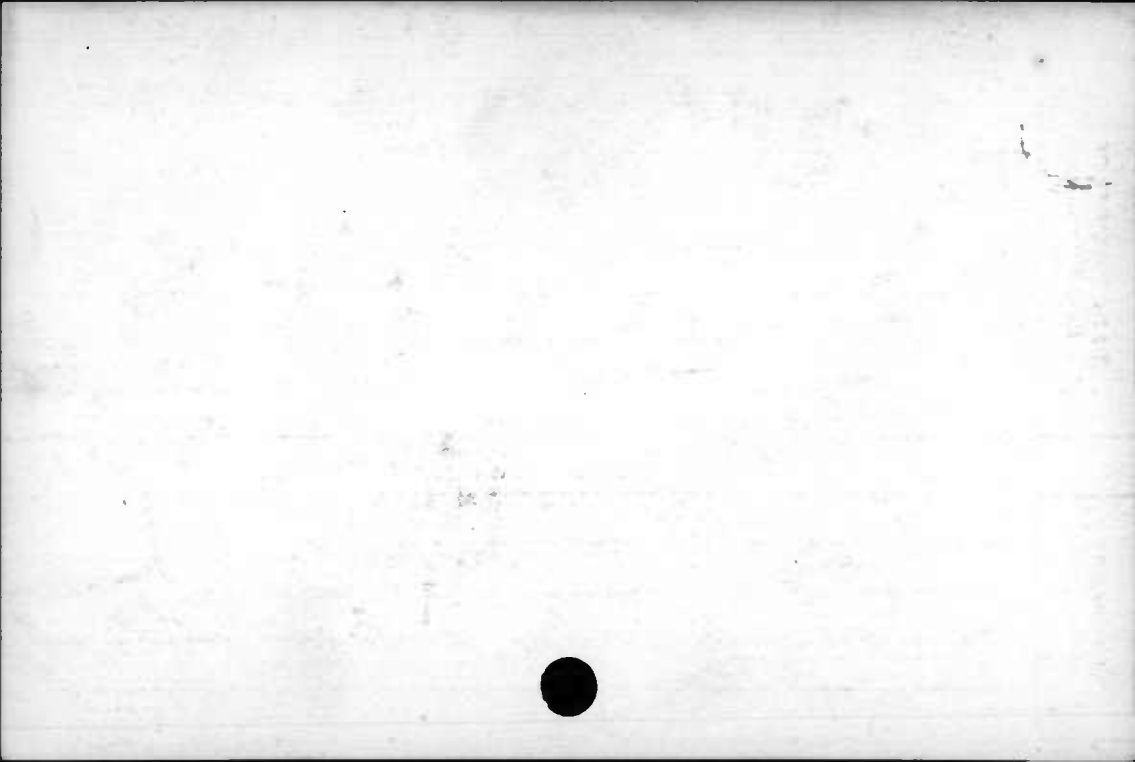
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Granville		County Garret		MARYLAND	
Date of death	1905	Month Dec.	Day 26	Age	Years 44	Months 8	Days 7
Sex	Female		Color or Race	White		Birth- place	Elk Lick Pa.
Occupation	Housewife			Where Residing if not at place of death at home Elk Lick			
Married, Single or Widowed	Married		Name of Wife or Husband Maybelle Miller				
Father's Name	Frederick Aikman					Father's Birthplace	Elk Lick Pa.
Mother's Maiden Name	Louisa Aikman					Mother's Birthplace	Elk Lick Pa.
Name of person giving In formation	Mrs Jacob Beatty					How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tumor in side		How long	6 Years
Immediate	Pneumonia and influenza		How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. T. Robinson
			Address	Granville
Accident or Suicide?	No			



Name in Full		TOWN				COUNTY		STATE	
Lizzie Mitchell		Crown		Island		MARYLAND		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months		Days	
1905 Dec		19		28					
Sex		Color or Race		Birth-place					
Female		white		Penn					
Occupation		Where Residing if not at place of death							
Domestic									
Married, Single or Widowed		Name of Wife or Husband							
Married		Solomon Mitchell							
Father's Name		Father's Birthplace							
Henry Keiper		Pa							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		How related to deceased							
CAUSES OF DEATH									
Primary		How long							
Enteric Fever		4 weeks							
Immediate		How long							
Peritonitis		4 days							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
		Address							
		Appland							
Accident or Suicide?									



Name  
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Isaac D. Newman

## CERTIFICATE OF DEATH

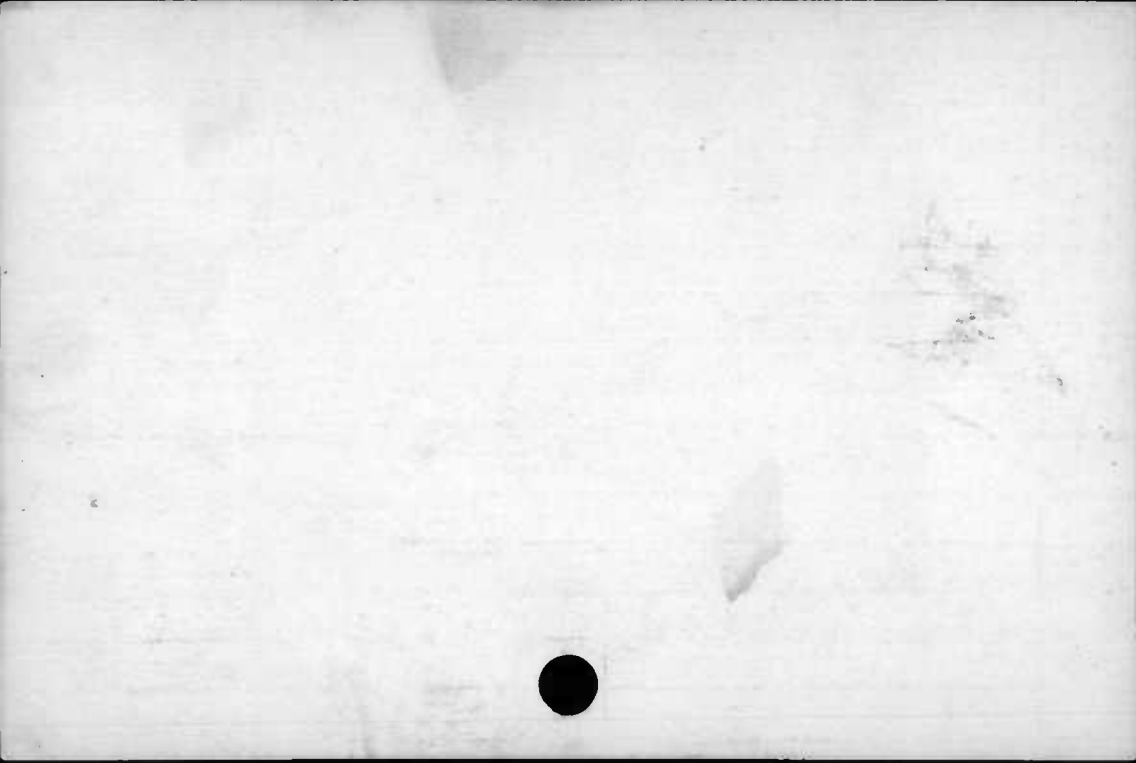
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakland</i>		Town <i>Sarrett</i>		County		MARYLAND					
Date of death <i>1905</i>		Month <i>December</i>		Day <i>2</i>		Age <i>66</i>		Months <i>11</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Easton, W. Va</i>							
Occupation <i>Doctor</i>		Where Residing if not at place of death <i>Oakland</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Bernelia</i>									
Father's Name <i>Jacob</i>		Father's Birthplace <i>Indiana</i>									
Mother's Maiden Name <i>Mary Guseman</i>		Mother's Birthplace <i>West Virginia</i>									
Name of person giving information <i>John Newman</i>		How related to deceased <i>Brother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>Several months</i>
Immediate	<i>Exhaustion</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Ransom</i>	
		Address <i>Oakland Md</i>	
Accident or Suicide? <i>No</i>			



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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendsville</i>		Town <i>Barrett</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>67</i>	Years	Months <i>1</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Daniel. C. A. Turney</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Daniel. C. A. Turney</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Larynx + Pleurisy</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason M.D.</i>
	Address <i>Friendsville</i>
	<i>Md.</i>
Accident or Suicide?	

Hays Levi,